

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/751053	FILING DATE 12/29/00				
CLAIMS							*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		/					52	/				
3		/					53	/				
4		/					54	/				
5		/					55	/				
6		/					56	/				
7		/					57	/				
8		/					58	/				
9		/					59	/				
10		/					60	/				
11		/					61	/				
12		/					62	/				
13		/					63	/				
14		/					64	/				
15		/					65	/				
16		/					66	/				
17		/					67	/				
18		/					68					
19		/					69					
20		/					70					
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23		/					73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
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31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39	/						89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45	/						95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	47	↓		↓		↓	TOTAL DEP.	17	↓		↓	↓
TOTAL CLAIMS	50						TOTAL CLAIMS	17				

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